

**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
INSURANCE POLICY – INFORMATION PAGE**

INSURER:
PENNSYLVANIA MANUFACTURERS
INDEMNITY COMPANY

POLICY NO: 201800-10-37-94-4A

NEW BUSINESS

NCCI Company No: 21288

Account No: 1037944

N.J. Taxpayer Identification No.

ITEM 1. NAMED INSURED AND MAILING ADDRESS:

ESHAI CORPORATION, COURIER
DISTRIBUTION SYSTEMS
6650 SUGARLOAF PKWY STE 300
DULUTH GA 30097-4359

PRODUCER NAME AND ADDRESS:

NFP PROPERTY & CASUALTY SERVICES, INC.
6500 ROCK SPRING DRIVE, SUITE 500
BETHESDA MD 20817-0000

PRODUCER NO.: 2239

LEGAL ENTITY: CORPORATION

OTHER WORKPLACES NOT SHOWN ABOVE: (See Extension Of Information Page)

ITEM 2. POLICY PERIOD: From: 10-15-2018 To: 10-15-2019

Effective 12:01 A.M. Standard Time at the Insured's mailing address.

ITEM 3. COVERAGE:

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
CA CO GA IL NC NY PA VA WI

B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of liability under Part Two are:

Bodily Injury by Accident:	\$	1,000,000	each accident
Bodily Injury by Disease:	\$	1,000,000	policy limit
Bodily Injury by Disease:	\$	1,000,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

AL AK AZ AR CT DE DC FL HI ID IN IA KS KY LA ME MD MA MI MN MS MO
MT NE NV NH NJ NM OK OR RI SC SD TN TX UT VT WV

D. This Policy includes these Endorsements and Schedules:
 See Schedule of Forms and Endorsements.

ITEM 4. PREMIUM: The premium for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required on the Workers Compensation Classification Schedule is subject to verification and change by audit. **See Classification Schedule.**

Total Estimated

Minimum Premium: \$ 900

Annual Premium: \$ 2,192,823

Audit Period: **ANNUAL**

Issued At: **45 HUNT VALLEY**

Date: 10-23-18

Countersigned by _____